## Rotation Availability Form

Howard University, School of Pharmacy, Office of Experiential Education – Phone: 202-806-7960

| Preceptor Name:   | Title:  | email:   |
|---|---|--|
| Pharmacy Name:  | Coordinator Name/Title:   |  |
| Mailing Address:  | City:   | State: Zip:  |
| Site Phone Number Where Student Can Contact Y   | ou:   | Fax Number:  |
| Advanced Pharmacy Rotations for Academic Year 2012-2013 Circle available dates and # of students. | Please Complete the Following to Update your Practice Profile **  | Introductory Professional Practice Experiences for Summer 2012 Please circle available dates and # of students |
| Students/Rotation   | Year you began working at current site:  Hours of Operation:  Community Practice: Number of Prescriptions filled/week if applicable:  Community Practice: Please check clinical specialties or services offered: Diabetic training Immunizations CDE Health screenings Other  Please describe the environment and activities that the student would encounter at your site:  Specific requirements prior to start of rotation: Criminal background check Drug screen Site orientation Other | Students/Rotation  05/21/12 - 06/15/12   |